

REQUEST FOR LEAVE OF ABSENCE

DER REPORT NO.

INSTRUCTIONS:

1. **Employee** must sign this form and give it to his/her immediate supervisor.
2. **Supervisor** must transmit the copy for Reporting Officers and/or Approving Officer's signature.
3. **Department** must distribute copy as follows:
 - Employee
 - Department
 - Employees' Retirement System
 - Dept. of Employee Relations – Pay Services Section

Date: _____

Employee:		Employee ID No.:	
Address:		Payroll Location No.:	
Department:			
Division:			
Job Title:			
Leave to take effect (last day on payroll):	Anticipated return date:	Length of Leave:	Months:

Reason for Leave:

If I fail to return from this Leave, I understand that I will be separated from the City Service. If I need additional time, I will contact my Department to request an extension.

Employee Signature

Date

NOTE:

Department must obtain City of Milwaukee Identification Card from employee if leave exceeds 60 days.

Signature:

Title:

Date:

Signature:

Title:

Date:

NOTE: A Leave of Absence does not necessarily guarantee a return to your job. If you have any questions regarding your status while on Leave of Absence contact the Department of Employee Relations.

This form is not used for leave requested under the Federal or Wisconsin Family and Medical Leave Acts.